Virginia State Board of Elections



Statement of Organization CANDIDATE COMMITTEE

Commonwealth of Virginia
CITY OF ALEXANDRIA

FFB 10 2017

Voter Registration Flectoral Board

*Please read instructions before completing this form. Type of Statement **KI** NEW ☐ AMENDED This committee is registering with the This committee is filing an amended Statement of Organization. Virginia State Board of Elections for the first time. **Date Changes Took Effect** SBE-issued Committee ID CC-17-00069 Committee Information Friends of Karen A. Graf. Name of Candidate Campaign Committee 2714 Hickory Street Street Address/PO Box Suite # Committee Information Alexandria VA 22305 City State Zip Code 703-907-9321 graf4delegate@gmail.com **Email Address** Daytime Phone # www.graf4delegate.com Campaign Website Candidate Information Graf Karen Salutation Last Name First Name Middle Name Suffix 2714 Hickory Street Residence Address Apt# Alexandria VA 22305 Candidate Information City State Zip Code **ALEXANDRIA CITY** 919811484 Voter Identification # County or City of Residence graf4delegate@gmail.com 703-548-3348 Email Address Daytime Phone # M By checking this box, I certify that I am currently registered to vote at the address above. Election Information Member House Of Delegates House Of Delegates - 45th District Election District (if one) Office Sought Information Democratic 2017 ☑November ☐May ☐Special

Political Party

Year of Election

Type of Election

Revised: January 1, 2012



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	(licasure)	Information			
Treasurer, Information	Arnold	Darcey	Singer		
	Salutation Last Name	First Name	Middle Name	Suffix	
	2936 Hickory Street				
	Residence Address		Apt#		
	Alexandria		VA	22305	
	City	9880LDD7-4440	State	Zip Code	
	ALEXANDRIA CITY		711022368		
	County or City of Residence		Voter Identification #		
	graftreasurer@gmail.com		703-629-6403		
	Email Address		Daytime Phone #		
2.2	By checking this box, I certify that I am currently registered to vote at the address above.				
	i am aig	Department			
Chain Bridge Bank					
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)			
McLean	VA				
City	State	City	State		
Committee Activity					
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")				
	Date first contribution accepted:	02/06/2	017		
	Date first expenditure made:				
	Date campaign depository designat	ed:			
	Date filing fee paid for party nomin	nation:			
	Date Statement of Qualification file	ed;			
	Date treasurer appointed:	02/06/2	017		

(continued on next page)



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Pfliny Nethod				
Filing Method	Please indicate the method by which this committee will submit all required campaign finance reports:			
	KI File electronically using SBE's Electronic Filing Application.			
	☐ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)			
	☐ File paper reports.			
	Wareing S. Aunold 2/10/2017 Signature Date			
Signatures				
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. Captidate's Signature Captidate's Signature Date			
Treasurer's Signature	I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. A Code Code of Virginia Code of			